| Fill                                    | in this information to identify                                     | the case:                                      |   |                   |
|---|---|--|---|-------------------|
| Un                                      | ited States Bankruptcy Court for                                    | the:   |   |                   |
| Ea                                      | astern District of New York   |  |   |                   |
| Са                                      | se number (If known):   | Chapter  |   |                   |
| *************************************** |   |  | Псь   | eck if this is ar |
|   |   |  |   | ended filing      |
| Of                                      | ficial Form 105   |  |   |                   |
|   |   | tition Against an Ind                          | ividual   | 12/15             |
| Use<br>cas<br>pos                       | this form to begin a bankrupt                                       | cy case against an individual you allege to be | a debtor subject to an involuntary case. If you want<br>dual (Official Form 205). Be as complete and accura<br>op of any additional pages, write name and case nu | le as             |
| Pa                                      | rt 1: Identify the Chapter  | of the Bankruptcy Code Under Which Po          | etition Is Filed  |                   |
| 1                                       | Chapter of the  | Check one:                                     | 544   |                   |
|   | Bankruptcy Code   | ☐ Chapter 7                                    |   |                   |
|   |   | Chapter 7                                      |   |                   |
|   |   |  |   |                   |
| Pa                                      | rt 2: Identify the Debtor   |  |   |                   |
| 2.                                      | Debtor's full name  | LISA   |   |                   |
|   |   | First name                                     |   |                   |
|   |   | MARIA<br>Middle name                           |   |                   |
|   |   |  |   |                   |
|   |   | ABBOTT Last name                               | <del></del>   |                   |
|   |   |  |   |                   |
|   |   | Suffix (Sr., Jr., II, III)                     |   |                   |
|   | -   |  |   |                   |
| 3.                                      | Other names you know the debtor has used in                         |  |   |                   |
|   | the last 8 years  |  |   |                   |
|   | Include any assumed, married, maiden, or trade                      |  |   |                   |
|   | names, or doing business as   |  |   |                   |
|   | names.  |  |   |                   |
| 4.                                      | Only the last 4 digits of   | ☐ Unknown                                      |   |                   |
|   | debtor's Social Security<br>Number or federal                       | 1 0 0 9  | or 9 xx - xx  |                   |
|   | Individual Taxpayer   | xxx - xx - <u>1</u> <u>9</u> <u>0</u> <u>9</u> | OR 9 XX - XX  |                   |
|   | Identification Number (ITIN)  |  |   |                   |
| 5.                                      | Any Employer<br>Identification Numbers<br>(EINs) used in the last 8 | <b>☑</b> Unknown                               |   |                   |
|   | years   | EIN  |   |                   |
|   |   |  |   |                   |
|   |   | EIN — — — — — — —                              |   |                   |

Case number (if known)\_

LISA MARIA ABBOTT

Debtor

| Debtor's address  | Principal residence                              |   | Mailing address, it                            | f different from residence                          |  |
|---|--|---|--|---|--|
| BR City   | 1068 EAST 94TH STRE Number Street                | 1068 EAST 94TH STREET  Number Street                  |  | Number Street                                       |  |
|   | BROOKLYN<br>City                                 | NY 11236<br>State ZIP Code                            | City   | State ZIP Code                                      |  |
|   | KINGS<br>County                                  | OTHERADAHAN BY TOXING ON TO GOOD STREET GOOD STATE OF |  |   |  |
|   | Principal place of business                      |   |  |   |  |
|   | Number Street                                    |   |  |   |  |
|   | City   | State ZIP Code  |  |   |  |
| 7   | County   |   |  |   |  |
| Type of business  | ☑ Debtor does not operate                        | Debtor does not operate a business                    |  |   |  |
|   | Check one if the debtor opera                    | ites a business:                                      |  |   |  |
|   | ☐ Health Care Business (a                        | s defined in 11 U.S.C. §                              | 101(27A))                                      |   |  |
|   | ☐ Single Asset Real Estate                       |   |  |   |  |
|   | ■ Stockbroker (as defined                        |   |  |   |  |
|   | ☐ Commodity Broker (as d☐ None of the above      | efined in 11 U.S.C. § 101                             | (6))   |   |  |
| Type of debt  | Each petitioner believes                         | •   |  |   |  |
|   | "incurred by an individua                        | al primarily for a personal                           | , family, or household                         |   |  |
|   | Debts are primarily to for a business or investr | ousiness debts. Busin<br>ment or through the opera    | ess debts are debts thation of the business of | hat were incurred to obtain money<br>or investment. |  |
| Do you know of any bankruptcy cases   | ☑ No   |   |  |   |  |
| pending by or against<br>any partner, spouse, or<br>affiliate of this debtor? |  |   |  | elationship   |  |
|   |  |   |  | elationship   |  |
|   | District   | Date filed  | MM / DD / YYYY                                 | ase number, if known                                |  |

Case 1-20-42907-jmm Doc 1 Filed 08/07/20 Entered 08/07/20 16:38:52

Case number (if known)\_\_\_

LISA MARIA ABBOTT

Debtor

| art 3: Report About the   | Case   |   |   |  |  |  |
|---|--|---|---|--|--|--|
| o. Venue  | Check one:   |   |   |  |  |  |
| Reason for filing in this court.  | Over the last 180 days before the filing of this bankruptcy, the debtor has resided, had the principal place of business, or had principal assets in this district longer than in any other district.  |   |   |  |  |  |
|   | <ul> <li>□ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.</li> <li>□ Other reason. Explain. (See 28 U.S.C. § 1408.)</li> </ul>   |   |   |  |  |  |
|   |  |   |   |  |  |  |
| 1. Allegations  | Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).  |   |   |  |  |  |
|   | At least one box must be checked:  |   |   |  |  |  |
|   | The debtor is generally not paying such debtor's debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.   |   |   |  |  |  |
|   | ■ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing lien against such property, was appointed or took possession.  |   |   |  |  |  |
| 12. Has there been a<br>transfer of any claim<br>against the debtor by or<br>to any petitioner? |  |   | kruptcy Rule                                    |  |  |  |
| 13. Each petitioner's claim   | Name of petitioner   | Nature of petitioner's claim  | Amount of the claim above the value of any lien |  |  |  |
|   | ARTICLE 13, LLC  | DEBTOR DEFAULTED ON<br>MORTGAGE   | \$ 362,906.7                                    |  |  |  |
|   | SEARCH PARACTURE OF SESSE APPLICATION CONSISTENCE CONTRACTOR AND ACCURATE CONTRACTOR CON |   | \$  |  |  |  |
|   |  |   | \$  |  |  |  |
|   |  | Total   | \$  |  |  |  |
|   | of perjury, each petitioner's (or along with the signature of the  | h additional sheets with the statement under penalty representative's) signature under the statement, petitioner's attorney, and the information on the er's claim, the petitioner's representative, and the n this form. | December  |  |  |  |

Case 1-20-42907-jmm Doc 1 Filed 08/07/20 Entered 08/07/20 16:38:52

| LISA MARIA ABBOTT  | Case number (if known)  |
|--|---|
| Part 4: Request for Relief   |   |
| folio etatomost they could be fined up to \$250,000 or imprisoned for up   | ired by Bankruptcy Rule 1010(b). If any petitioner is a foreign order of the court granting recognition is attached.  In this petition is true and porrect. Petitioners understand that if they make a  |
| Mailing address of petitioner  8002 KEW GARDENS RD STE 300  Number Street  KEW GARDENS NY 11415  City State ZIP Code   | 8002 KEW GARDENS RD STE 300           Number Street           KEW GARDENS         NY 11415           City         State         ZIP Code           Date signed         08/07/2020<br>MM / DD / YYYYY           Contact phone(718) 772-8704         Email LEO@JACOBSPC.COM |
| If petitioner is an individual and is not represented by an attorney:  Contact phone  Email  Name and mailing address of petitioner's representative, if any |   |
| Number Street  City State ZIP Code   |   |